

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050574

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

356

Primary Registration District No.

4521

Registrar's No.

154

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 6 1964

## 1. PLACE OF DEATH

a. COUNTY

Texas

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Houston

Length of stay in 1b

30 days

c. FULL NAME OF (If NOT in hospital, give location)

Texas Co. Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Texas

admission)

c. CITY

OR TOWN

Raymondville

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

25 Mi North of Raymondville

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Christina Courtney

First

Middle

Last

DATE OF DEATH

Month

Day

Year

Dec

25

1963

## 5. SEX

7

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-14-1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Genl Co. Mo

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Floyd

## 13b. MOTHER'S MAIDEN NAME

Jessie Robertson

## 14. NAME OF HUSBAND OR WIFE

Velma H. Wheatley Overland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Velma H. Wheatley Overland

Address

[Redacted]

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac + pulmonary arrest

INTERVAL BETWEEN ONSET AND DEATH

19 days

DUE TO (b)

Severe systemic shock + circulatory

DUE TO (c)

Accidental fracture of the rt hip.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardio vascular renal disease + hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

pt fell getting out of chair in home

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m. p.m.

8 12-6-63

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

## 20f. CITY, TOWN, OR LOCATION

Licking

## COUNTY

Texas

## STATE

Mo

## 21. I attended the deceased from

1957

## to

1963

## and last saw her

alive on

Dec 25, 1963

Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

B. J. Myers DO.

(Name or title)

## 22b. ADDRESS

Licking, Mo

## 22c. DATE SIGNED

12-28-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-28-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Vallenon Cem

## 23d. LOCATION (City, town, or county)

Texas Co

## 23e. REGISTRAR'S SIGNATURE

Myrtice Craig

## 24. FUNERAL DIRECTOR

Smith & Ferguson

ADDRESS

Licking Mo

## 25. DATE RECD. BY LOCAL REG.

12-30-63

## 26. REGISTRAR'S SIGNATURE

Myrtice Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 1070  
2 1070  
3  
4 1  
5 3  
6  
7 0  
8 2  
9 9020  
10 20  
11 107  
12 1-2  
13 H-0

JAN 9 1964

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Eubert E. Ferguson*

Licensed Embalmer No.

*3945*

P. O. Address

*Licking Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.